## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notificat	ions.				•		(-, <b>.</b>		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					e: A certificate of r (s) Transmittal, This ers. Each additional	nailing certifi paper,	can only be used for cate cannot be used if such as an assignme ing or transmission.	r domest or any ot nt or for	ic mailings of the her accompanying mal drawing, must
68102	7590 08/00	5/2007		лаус	tis own certificate	oi mail	ing or transmission.		
INTREXON CORPORATION 1872 PRATT DRIVE SUITE 1400 VT-CRC					Cert reby certify that this es Postal Service wi ressed to the Mail	ificate s Fee(s) ith suffi Stop I	of Mailing or Trans Transmittal is being cient postage for firs SSUE FEE address 273-2885, on the d	mission ; deposite t class m above, c	ed with the United tail in an envelope or being facsimile
BLACKSBURG, VA 24060				Lan	sinuted to the OSP1	0 (3/1	) 2/3-2885, on the d	ite indica	(Depositor's name)
									(Signature)
									(Date)
APPLICATION NO. FILING DATE		FIRST NAMED IN		NTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/614,116 07/03/2003		Colin M. Tice		•	2584.0020001/RWE/R		020001/RWE/RAS	S 3335	
TITLE OF INVENTION COMPLEX	: KETONE LIGANDS	FOR MODULATING TI	HE EXPRESSION OF	F EX	OGENOUS GENES	S VIA A	AN ECDYSONE RE	CEPTOR	t.
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE FEI		TOTAL FEE(S) DUE	T	DATE DUE
nonprovisional	YES	\$700	\$300		\$0	•	\$1000		11/06/2007
EXAMINER		ART UNIT	ART UNIT CLASS-SUBCLAS						•
POPA, ILEANA		1633	514-044000	_	_				
"Fee Address" indi PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AN	ondence address (or Cha /122) attached. cation (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ass an assignee is ident in 37 CFR 3.11. Comp	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  HE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
INTREXON CORP		·	Blacksburg			OUNTR	Y)		
Please check the appropris	ate assignee category or	categories (will not be pri	inted on the patent) :		Individual 🖾 Con	poration	or other private gro	ap entity	Government
1a. The following fee(s) at Alexander State Fee  Publication Fee (No. Advance Order - #  Change in Entity State	ermitted)	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form).							
a. Applicant claims		*	b. Applicant is no	long	er claiming SMALI	FNTI	TV etatus See 27 CE	D 1 27/a	)(2)
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requestords of the United State	aired) will not be accepted	from anyone other th	an th	e applicant; a regist	ered att	orney or agent; or the	assigner	or other party in
Authorized Signature _	out ar	deform	Office,				19/2007		
Typed or printed name			Registration No.	50	),211				
This collection of informa an application. Confidenti submitting the completed his form and/or suggestio Box 1450, Alexandria, Vi Alexandria, Virginia 2231 Under the Paperwork Red	tion is required by 37 C ality is governed by 35 application form to the ms for reducing this bur rginia 22313-1450. DO 3-1450, action Act of 1995, no p	FR 1.311. The information U.S.C. 122 and 37 CFR 1 USPTO. Time will vary den, should be sent to the NOT SEND FEES OR Co	n is required to obtain  1.14. This collection is depending upon the ir Chief Information Of OMPLETED FORMS	or resting or resting of the second of the s	tain a benefit by the mated to take 12 mi dual case. Any com , U.S. Patent and Te THIS ADDRESS.	public nutes to ments rademants SEND	which is to file (and o complete, including on the amount of time of the complete of the compl	by the US gatherin e you rec tment of or Patents	SPTO to process) g, preparing, and quire to complete Commerce, P.O. s, P.O. Box 1450,
			to a concented of		mation unless it dis	pians a	valid UMB control i	umber.	<del></del>
*									